

PETER J. LAMB
CHIEF



FIRE PREVENTION

JOHNSTON FIRE DEPARTMENT
1520 ATWOOD AVENUE
JOHNSTON, RI 02919

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fireprevention@johnstonfire.us

PLAN REVIEW APPLICATION

This is an application for (check all that apply):

- | | | |
|------------------------|--------------------------|-------------------------------------|
| Fire Alarm | <input type="checkbox"/> | Complete Sections; A, B, C, D, E, H |
| Hood System | <input type="checkbox"/> | Complete Sections; A, B, C, D, G, H |
| Life Safety | <input type="checkbox"/> | Complete Sections; A, B, C, D, H |
| 1/2 Family Life Safety | <input type="checkbox"/> | Complete Sections; A, B, C, H |
| Spray Booth | <input type="checkbox"/> | Complete Sections; A, B, C, D, G, H |
| Sprinkler System | <input type="checkbox"/> | Complete Sections; A, B, C, D, F, H |
| Site Plan | <input type="checkbox"/> | Complete Sections; A, B, C, D, H |

Section A:

Date: _____

Contact Person for questions regarding plans:

Name _____ Phone _____

Title _____

Email: _____

Location of Business: _____

Name of Business: _____

Section B:

Business Owner _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Building Owner _____ Contact Person _____

Name of Building _____

Owner Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Property Owner: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Section C:

Building type

- Type I** (protected noncombustible)
- Type 11** (noncombustible)
- Type 111** (structural elements noncombustible)
- Type IV** (limited combustible)
- Type V** (combustible)

TYPE OF OCCUPANCY:

- | | | |
|-------------------------------------------------|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Detention/ Correctional | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Lodging/Rooming Houses | <input type="checkbox"/> Business |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Hotels/Motels/Dormitories | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Apartment Buildings | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Ambulatory Health Care | <input type="checkbox"/> Residential Board & Care | <input type="checkbox"/> Special Structures
(Specify) |
| <input type="checkbox"/> Other (Specify) _____ | | |

TYPE OF WORK PROPOSED:

- | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Renovation | <input type="checkbox"/> Sq. Ft. per Floor | <input type="checkbox"/> Total Sq Foot |
| <input type="checkbox"/> Other (Specify) _____ | | |

Description of Work to be Performed _____

Number of Stories _____

Sprinkler System : YES NO Type of System: _____

Section D:

Engineering / Architectural Firm _____

Engineer / Architect Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Certification Type _____ Number _____

General Contractor: _____ Contact Person _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Section E, Fire Alarm:

Designer Company: _____

Designer Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Certification Type _____ Number _____

Installing Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

License #: _____

Section F, Sprinkler:

Designer Company: _____

Designer Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Certification Type _____ Number _____

Installing Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

License #: _____

Section G, Spray Booth or Hood:

Designer Company: _____

Designer Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Certification Type _____ Number _____

Installing Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

License #: _____

Section H:

Total Cost of Hood System \$_____.00 Fee \$_____.00

Total Cost of Fire Alarm System \$_____.00 Fee \$_____.00

Total Cost of Sprinkler System \$_____.00 Fee \$_____.00

Total Cost of Spray Booth System \$_____.00 Fee \$_____.00

Total Cost of Construction \$_____.00 Fee \$_____.00

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with the applicable codes and ordinances of this jurisdiction.

Signature: _____